



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Present application of:

Dean F. Barber

Serial No. 09/690,940

Filed October 18, 2000

POINT OF SERVICE THIRD PARTY  
FINANCIAL MANAGEMENT VEHICLE  
FOR THE HEALTHCARE INDUSTRY

Before the Examiner

Timothy M. Harbeck

Group Art Unit 3628

Atty Docket No. 3425-24/OHB-0047

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 10, 2006

C. David Emhardt  
Name of Registered Representative

*C. David Emhardt*

Signature

October 10, 2006

Date of Signature

Sir:

In response to the non-final Office Action dated April 7, 2006, Applicant respectfully requests entry of the following amendments and consideration of the accompanying remarks.

Filed concurrent with this Response is a Request for a three month Extension of Time. In accordance with 37 C.F.R. § 1.114 (a), the Commissioner is authorized to charge \$1335.00 to the credit card as listed on the enclosed Credit Card Payment Form to cover the fee for filing for the three month extension of time (\$510.00) and fees for 34 additional excess claims (\$825.00 ). No additional fees are believed due. However, if any additional fees are due, the Commissioner is authorized to provide any necessary extensions of time and charge any fees which may be due to Deposit Account No. 23-3030, but not to include any payment of issue fees.

10/13/2006 HGUTEMA1 00000066 09690940

02 FC:2201 200.00 OP  
03 FC:2202 625.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2006**Complete if Known**

Application Number	09/690,940
Filing Date	October 18, 2000
First Named Inventor	Dean F. Boyer
Examiner Name	Timothy M. Harbeck
Art Unit	3628
Attorney Docket No.	3425-24

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1335.00)

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	
Design		200		100		130	
Plant		200		300		160	
Reissue		300		500		600	
Provisional		200		0		0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
64	-39 or HP =25	x25	=625.00

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
7	-5 or HP =2	x100	=200.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	x	0

**4. OTHER FEE(S)**

Extension of Time (3 mo) 510.00

Signature

C. David Emhardt

Registration No.  
(Attorney/Agent)

18,483

Telephone

(317) 634-3456

Name (Print/Type)

C. David Emhardt

Date

October 10, 2006

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Name (Print/Type)

Cindy Wiles

Signature

Cindy Wiles

Date

October 10, 2006